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| Check if this is: |
|---|
| ☐ An amended filing |
| Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |
| |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| | art 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| ١. | Your full name | Samir | N/A |
| | Write the name that is on your | First name | First name |
| | government-issued picture identification (for example, your driver's license or | Middle name Husetovic | Middle name |
| | passport). | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you have | N/A | N/A |
| | used in the last 8 years. | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | | N/A | N/A |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |

| Del | Case 17-1322 otor 1 Samir Husetovic | 6 Doc 1 Filed 04/27/17 Entered Document Page 2 o | 04/27/17 13:29:29 Desc Main Case number: |
|-----|--|--|--|
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | XXX-XX-7082 | N/A |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years. Include trade names and doing business as names. | ☐ I have not used any business names or EINs MedOne Delivery Service Business name Touch of Europe Limo Service Business name EIN | I have not used any business names or EINs N/A Business name N/A Business name N/A EIN N/A EIN |
| 5. | Where you live | 7521 Brown Avenue Number Street Unit F Forest Park IL 60130 City, State, Zip Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. N/A Number Street | If Debtor 2 lives at a different address: N/A EIN |
| 6. | Why you are choosing this district to file for | City, State, Zip Code Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer | Over the last 180 days before filing this petition, I have lived in this district longer |

than in any other district.

U.S.C. § 1408.)

N/A

☐ I have another reason. Explain. (See 28

than in any other district.

U.S.C. § 1408.)

N/A

I have another reason. Explain. (See 28

| Pa | art 2: Tell the Court Ak | oout | Your B | Bankruptcy Case | | | |
|-----|--|--|------------------------|---|----------------------------|--|---|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | × | Chapte | ter 7 | | | |
| | | | Chapte | ter 11 | | | |
| | | | Chapte | ter 12 | | | |
| | | | Chapte | ter 13 | | | |
| 8. | How you will pay the fee | ⊠ | local constant | pay the entire fee when I file my per court for more details about how you r elf, you may pay with cash, cashier's o itting your payment on your behalf, yo printed address. | may p check | ay. Typically, if y , or money orde | you are paying the fee r. If your attorney is |
| | | | | d to pay the fee in installments. If yo dividuals to Pay Your Filing Fee in Ins | | | |
| | | | 7. By lais less to pay | lest that my fee be waived (You may law, a judge may, but is not required to than 150% of the official poverty line to the fee in installments). If you choose the Chapter 7 Filing Fee Waived (Office) | to, wa that a e this | ive your fee, and applies to your fa option, you mus | d may do so only if your income amily size and you are unable at fill out the <i>Application to</i> |
| 9. | Have you filed for bankruptcy within the last 8 years? | □ ⊠ Cas | No Yes e number | District Northern District of Illinois r 09-09705 | 3 | _ When MM/DD/YYYY | 03/21/2009 |
| | | 0 | | District Northern District of Illinois | S | _ When | 11/11/2013 |
| | | Cas | e number | r <u>13-43887</u> | | MM/DD/YYYY | |
| | | Cas | e number | District Northern District of Illinois r 16-10154 | S | _ When | 03/24/2016 |
| | | Ous | e mamber | 10 10104 | | MM/DD/YYYY | |
| 10. | Are any bankruptcy | \boxtimes | No | | | | |
| | cases pending or being filed by a spouse who is | | Yes | Debtor N/A | | | _ Relationship |
| | not filing this case with you, or by a business | | | District WI | hen | | _ Case number |
| | partner, or by an affiliate? | | | | | MM/DD/YYYY | |
| | | | | Debtor N/A | | | Relationship |
| | | | | District WI | hen | MM/DD/YYYY | _ Case number |
| | | | | | | MIM/DD/YYYY | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | _ | | |
|------|---|-------------|------------------------|--|---------|
| | | | 1 | Forest Park IL 60130 | |
| | | | | City, State, Zip Code | |
| | | |]]] | Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above | |
| | | | | Touch of Europe Limo Service | |
| | | | | Name of business, if any | |
| | | | - | 7521 West Brown Avenue | |
| | | | | Number Street #F | |
| | | | 1 | Forest Park IL 60130 | |
| | | | Ō | City, State, Zip Code | |
| | | |]]] | Check the appropriate box to describe your business: ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☑ None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small | set a | appropria ent balan | ing under Chapter 11, the court must know whether you are a small business debtor so that it is attended to the deadlines. If you indicate that you are a small business debtor, you must attach your most ce sheet, statement of operations, cash-flow statement, and federal income tax return or if any nents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). | |
| | business debtor? | \boxtimes | No. | I am not filing under Chapter 11. | |
| | For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D). | | No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definit the Bankruptcy Code. | tion in |
| | | | Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in Bankruptcy Code. | the |
| O# | cial Form 101 | | | (alumtany Detition for Individuals Filling for Ponkrystay) | Do ~- |
| Oili | CIAI FUIIII IUI | | ` | oluntary Petition for Individuals Filing for Bankruptcy | Page |

| Part 4: | Report if You O | wn o | r Have Any Hazardous Property or Any Property That Needs Immediate Attention |
|---|---|------|--|
| | own or have any ty that poses or | × | No. |
| is alleg threat of identifi public safety? any pro | ed to pose a of imminent and able hazard to health or of to you own operty that needs iate attention? | | Yes. |
| perisha livestod or a bu | ample, do you own ble goods, or k that must be fed, ilding that needs repairs? | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 1: I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Ш | • | i to receive a briefing nseling because of: |
|---|---|--|
| | | Librarya a sasastal Was |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

case.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active

military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing |
|---|
| about credit counseling because of: |

☐ Incapacity. I have a mental illness or

a mental deficiency that makes me incapable of realizing or making rational decisions about

finances.

Disability. My physical disability

causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active

military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Pa | art 6: Answer These C | luest | ions for Reporting Purpos | es | | | |
|-----|--|------------|--|---------------------------------|---|-----------------|---|
| 16. | What kind of debts do you have? | 16a 16b | "incurred by an individual prir □ No. Go to line 16b. ☑ Yes. Go to line 17. Are your debts primarily money for a business or inve □ No. Go to line 16c. □ Yes. Go to line 17. | narily v bus stmer | sumer debts? Consumer debtor a personal, family, or housely iness debts? Business debts at or through the operation of the late are not consumer debts or business. | are de busir | ebts that you incurred to obtain ness or investment. |
| 17. | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | | 7. Do | Go to line 18. you estimate that after any exen id that funds will be available to | | |
| 18. | How many creditors do you estimate that you owe? | | 1-49 50-99 100-199 200-999 | | 1,000 - 5,000 5,001 - 10,000 10,001 - 25,000 | | 25,001 - 50,000 50,001 - 100,000 More than 100,000 |
| 19. | How much do you estimate your assets to be worth? | | \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million | | \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001, to \$100 million \$100,000,001 to \$500 million | | \$500,000,001 to \$1 billion \$1,000,000,001 to \$10 billion \$10,000,000,001 to \$50 billion More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | | \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million | | \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001, to \$100 million \$100,000,001 to \$500 million | | \$500,000,001 to \$1 billion \$1,000,000,001 to \$10 billion \$10,000,000,001 to \$50 billion More than \$50 billion |

/s/ Jeffrey Whitehead

6280034 Bar number

04/27/2017

| Part 7: | Sign Below | |
|---------|------------|--|
| For you | | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | |
| | | /s/ Samir Husetovic 04/27/2017 |
| | | Debtor 1 MM/DD/YYYY |

For your attorney, if you are represented by one

Note that BkAssist is licensed for use only by attorneys. If you are not represented by an attorney, you may not file this petition.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Attorney for Debtor(s) | MM/DD/YYYY |
|-----------------------------|------------------------------|
| Jeffrey Whitehead | |
| Printed name | |
| Whitehead & Associates, LLC | |
| Firm name | |
| 19 South LaSalle Street | |
| Number Street | |
| Suite 1202 | |
| Chicago IL 60602 | |
| City, State, ZIP Code | |
| 312-648-0473 | jeffwhitehead_2000@yahoo.com |
| Contact phone | Email address |

| Fill in this information to identify your case: | |
|--|------------------------------------|
| Debtor 1 Samir Husetovic Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number (If known) | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | Summarize Your Assets | |
|----|--|---|
| | | Your assets Value of what you own |
| | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$176,500.0 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$31,423.5 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$207,923.5 |
| Pa | Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$261,180.0 |
| - | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$3,498.2 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$33,960.0 |
| | Your total liabilities | \$298,638.3 |
| Pa | Summarize Your Income and Expenses | |
| ١. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$5,330.0 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J. | \$5,716.0 |

| P | Answer These Questions for Administrative and Statistical Records | |
|-----|--|--------------|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with schedules. ☐ Yes | n your other |
| 7. | What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 for statistical purposes. 28 U.S.C. § 159 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check submit this form to the court with your other schedules. | 9. |
| 8. | From the Statement of Your Current Monthly Income (Official Form 122A-1, 122B, or 122C-1): Copy your total current monthly income from line 11 | \$1,050.00 |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | |
| Fro | om Part 4 on <i>Schedule E/F,</i> copy the following: | Total claim |
| | 9a. Domestic support obligations (Copy line 6a.) | \$0.00 |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$3,498.24 |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |
| | 9d. Student loans. (Copy line 6f.) | \$0.00 |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$0.00 |
| | 9g. Total. Add lines 9a through 9f | \$3,498.24 |

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Yes.

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| · · | | |
|--|---|-----------------------------|
| Fill in this information to identify your case: | | |
| Debtor 1 Samir Husetovic | | |
| Debtor 2 | | |
| (Spouse, if filing) | | Check if this is an amended |
| United States Bankruptcy Court for the Northern District of Illinois | | filing |
| Case number | | |
| (If known) | | |
| Official Form 106A/B | 1 | |
| Schedule A/B: Property | | 12/15 |

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your page and eace number (if known). Appears every question

additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. \boxtimes Yes. Where is the property? 7521 Brown Avenue What is the property? Check all that apply Do not deduct secured claims or exemptions. Single-family home Street address, if available, or other description Put the amount of any secured claims on Duplex or multi-unit building Schedule D: Creditors Who Have Claims Unit F Condominium or cooperative Secured by Property. Manufactured or mobile home Forest Park IL 60130 Current value of Current value of City, State, ZIP Code Investment property the portion you the entire property? Timeshare own? \$250,000.00 \$176,500.00 Who has an interest in the property? Check one Debtor 1 only Describe the nature of your ownership interest Debtor 2 only (such as fee simple, tenancy by the entireties, or Debtor 1 and Debtor 2 only a life estate), if known. At least one of the debtors and another Fee Simple Other information you wish to add about this item, such as local property Check if this is community property identification number: (Asset value (see instructions) artificially computed as value \$125,000.00 50% + joint liens \$228,000.00 * 50% based on shared ownership with former joint debtor) Add the dollar value of the portion you own for all of your entries from Part 1, including any \$176,500.00 entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

| Debtor 1 | | se 17-13226 Doc 1 | | ed 04/27/17 Entered 04/27/ Document Page 12 of 51 | 17 13:29:29 De | esc Main Case number: |
|----------|--|---|----------------|--|---|---|
| 3.1 | | Toyota Yaris 2008 mate mileage: 350000 formation: ; Automobile | whone | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured Put the amount of any Schedule D: Creditors Secured by Property. Current value of the entire property? | secured claims on |
| 3.2 | • • | Hyundai Santa Fe 2005 mate mileage: 110000 formation: | who one | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured Put the amount of any Schedule D: Creditors Secured by Property. Current value of the entire property? \$5,000.00 | secured claims on |
| 3.3 | Make: Model: Year: Approxir | Nissan Rogue 2017 mate mileage: 6000 | Whone | o has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured Put the amount of any Schedule D: Creditors Secured by Property. Current value of the entire property? | claims or exemptions. secured claims on |
| | | formation: | | Check if this is community property (see instructions) | \$24,000.00 | own? \$24,000.00 |
| Ex | amples: Ē No. Yes. | Boats, trailers, motors, persona | al wa | d other recreational vehicles, other vetercraft, fishing vessels, snowmobiles, r | motorcycle accessorie | |
| | | | | for all of your entries from Part 2, in t 2. Write that number here | | \$29,500.00 |
| deduct s | u own or ecured clair | ms or exemptions) goods and furnishings | inte | rest in any of the following items? (Lis | st the current value of the po | ortion you own. Do not |
| Ex. | No Yes (B | 50.00 * 50% + joint liens \$0.0 | Furr 00 * 5 | kitchenware hishings; (Asset value artificially com 10% based on shared ownership with | former joint | \$375.00 |
| Ex | lections; el No Yes (T + j | elevisions and radios; audio, video lectronic devices including cell pho relevision and Cell Phone; (A oint liens \$0.00 * 50% based | sset | eo, and digital equipment; computers, printe cameras, media players, games svalue artificially computed as value shared ownership with former joint de | \$400.00 * 50% ebtor) \$200.00, | \$200.00 |
| Ex | llectible: amples: Ar | s of value | rints, (| or other artwork; books, pictures, or other art | | , |

| Deb | tor 1 | Case 17-13226 Doc 1 Filed 04/27/17 Entered 04/2 Document Page 13 of 53 | | Desc Main Case number: |
|-----|-----------|---|---------------------------------|---------------------------|
| | ⊠ □ | No Yes | | |
| 9. | Exa | quipment for sports and hobbies amples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables d kayaks; carpentry tools; musical instruments | , golf clubs, skis; canoes | |
| | | No Yes | | |
| 10. | Exa | rearms reamples: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | | No Yes | | |
| 11. | | othes amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | | |
| | × | No Yes (Basic Wearing Apparel; (Asset value artificially computed as value joint liens \$0.00 * 50% based on shared ownership with former joint D1) | debtor) \$500.00, | \$500.00 |
| 12. | Exa | welry amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jeld, silver | ewelry, watches, gems, | |
| | | No Yes (Costume Jewelry; (Asset value artificially computed as value \$100 liens \$0.00 * 50% based on shared ownership with former joint debt | | \$50.00 |
| 13. | | on-farm animals camples: Dogs, cats, birds, horses | | |
| | ⊠ □ | No Yes | | |
| 14. | | ny other personal and household items you did not already list, including a d not list | any health aids you | |
| | \square | No Yes | | |
| 15. | | dd the dollar value of all of your entries from Part 3, including any entries f tached for Part 3. Write that number here | | \$1,125.00 |
| | rt 4: | | | |
| | | eu own or have any legal or equitable interest in any of the following? (List the laims or exemptions) | ne current value of the portion | n you own. Do not deduct |
| 16. | | ash **amples: Money you have in your wallet, in your home, in a safe deposit box, and on hand tition | when you file your | |
| | | No Yes United States Currency \$125.00 (D1) | | \$125.00 |
| 17. | Exa | eposits of money ramples: Checking, savings, or other financial accounts; certificates of deposit; shares in cuses, and other similar institutions. If you have multiple accounts with the same institution | | |
| | | No Yes Checking Account at TCF Bank; (Asset value artificially computed a 50% + joint liens \$0.00 * 50% based on shared ownership with forme \$173.50 (D1) | er joint debtor) | <u>\$173.50</u> |

Doc 1

| 18. | | nds, mutual funds, or publicly traded stocks mples: Bond funds, investment accounts with brokerage firms, money market accounts | |
|-----|--------------------|--|----------|
| | \square | No Yes | \$0.00 |
| 19. | | n-publicly traded stock and interests in incorporated and unincorporated businesses, luding an interest in an LLC, partnership, and joint venture | |
| | | No Yes Shares in MedOne Delivery Service. Company has no enterprise value. The company is acts as a dispatcher. It owns no equipment or vehicles. The Debtor uses his personal cellphone to communicate with customers and drivers. \$250.00; Business (D1) | \$250.00 |
| | | Shares in Touch of Europe Limosine Service. Company is a dispatch service only. It has no assets. The company has no enterprise value. It owns no equipment or vehicles. The Debtor uses his personal cellphone to communicate with customers and drivers, \$250.00; Business (D1) | \$250.00 |
| 20. | Neg | vernment and corporate bonds and other negotiable and non-negotiable instruments notiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. In the negotiable instruments are those you cannot transfer to someone by signing or delivering them. | |
| | \square | No Yes | \$0.00 |
| 21. | | irement or pension accounts mples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing is | |
| | ⊠ □ | No Yes | \$0.00 |
| 22. | You Exa | curity deposits and prepayments r share of all unused deposits you have made so that you may continue service or use from a company. mples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications ipanies, or others | |
| | | No Yes | \$0.00 |
| 23. | Anı | nuities (A contract for a periodic payment of money to you, either for life or for a number of years) | |
| | \square | No Yes | \$0.00 |
| 24. | Inte pla | erests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition as defined in 26 U.S.C. § 529(b)(1). | |
| | \square | No Yes | \$0.00 |
| 25. | | sts, equitable or future interests in property (other than anything listed in line 1), and rights bowers exercisable for your benefit | |
| | \boxtimes | No Yes | \$0.00 |
| 26. | | ents, copyrights, trademarks, trade secrets, and other intellectual property mples: Internet domain names, websites, proceeds from royalties and licensing agreements | |
| | ⊠ □ | No Yes | \$0.00 |
| 27. | Lic Exa | enses, franchises, and other general intangibles mples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses | |
| | | No Yes | \$0.00 |

| 28. | Tax refunds owed to you Give specific information about them, including whether you already filed the returns and the tax years | |
|-----|---|-------------------|
| | No Yes | \$0.00 |
| 29. | Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement | |
| | No Yes | \$0.00 |
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else | |
| | NoYes | \$0.00 |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value | |
| | NoYes | \$0.00 |
| 32. | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. | |
| | No ☐ Yes | \$0.00 |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue | |
| | No Yes | \$0.00 |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims | |
| | No □ Yes | \$0.00 |
| 35. | Any financial assets you did not already list | |
| | NoYes | \$0.00 |
| 36. | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | \$798.50 |
| Pa | ort 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real e | estate in Part 1. |
| 37. | Do you own or have any legal or equitable interest in any business-related property? | |
| | No. Go to part 6.☐ Yes. Go to line 38. | |
| Pa | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Intellif you own or have an interest in farmland, list it in Part 1. | erest In. |
| 46. | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| | No. Go to part 7. Yes. Go to line 47. | |

| Pa | Describe All Property You Own or Have an Interest in That You Did Not List Above | |
|-----|---|--------------|
| 53. | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes | \$0.00 |
| 54. | Add the dollar value of all of your entries from Part 7, including any entries for pages you have attached for Part 7. Write that number here | |
| Pa | tt 8: List the Totals of Each Part of this Form | |
| 55. | Part 1: Total real estate, line 2 | \$176,500.00 |
| 56. | Part 2: Total vehicles, line 5 | |
| 57. | Part 3: Total personal and household items, line 15 \$1,125.00 | |
| 58. | Part 4: Total financial assets, line 36 | |
| 59. | Part 5: Total business-related property, line 45 | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | |
| 61. | Part 7: Total other property not listed, line 54 | |
| 62. | Total personal property. Add lines 56 through 61 | \$31,423.50 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | \$207,923.50 |

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| Fill in this information to identify your case: | |
|--|------------------------------------|
| Debtor 1 Samir Husetovic Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number (If known) | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exemp | ρt |
|---------|--|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming Illinois Exemptions and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- . For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Am | Check only one box for each exemption | Specific laws that allow exemption |
|---|--|--------|--|------------------------------------|
| Townhouse at 7521 West Brown, Unit F, Forest Park, IL (Line 1) | \$176,500.00 | ⊠ □ | \$0.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 |
| 2008 Toyota Yaris (Line 3) | \$500.00 | | \$500.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| Basic Household Goods and Furnishings (Line 6) | \$375.00 | | \$375.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Television and Cell Phone (Line 7) | \$200.00 | | \$200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Basic Wearing Apparel (Line 11) | \$500.00 | | \$500.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Costume Jewelry (Line 12) | \$50.00 | | \$50.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

Case 17-13226 Samir Husetovic Debtor 1

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Case number:

Current value of the Amount of the exemption you claim Brief description of the property and line on Schedule A/B that lists portion you own Specific laws that allow exemption Check only one box for each Copy the value from Schedule A/B this property exemption Checking Account at TCF Bank (Line \$173.50 \square \$173.50 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit \$178,298.50 **Total** \$1,798.50 Are you claiming a homestead exemption of more than \$155,675.00? (Subject to adjustment on 04/01/2016 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

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| Fill in this information to identify your case: | |
|---|------------------------------------|
| Debtor 1 Samir Husetovic Debtor 2 | |
| (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois | Check if this is an amended filing |
| Case number (If known) | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

| _ | |
|------|--|
| Part | |
| ган | |

List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| | | Column A Amount of claim Do not deduct the value of the collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|---|--|--|---|-----------------------------------|
| 2.1 Fifth Third Bank Creditor's Name 38 Fountains Square Plaza Number Street Cincinnati OH 45263 City, State, ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred: 2001 | Describe the property that secures the claim: Townhouse at 7521 West Brown, Unit F, Forest Park, IL As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number: -5123 | \$228,000.00 | \$250,000.00 | \$51,500.00 |
| 2.2 Santander Consumer Creditor's Name PO Box 105255 Number Street Atlanta GA 30348 City, State, ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred: 01/20/2017 | Describe the property that secures the claim: 2017 Nissan Rogue As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number: -5132 | \$28,140.00 | \$24,000.00 | \$4,140.00 |

12/15

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| | | Column A Amount of claim Do not deduct the value of the collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|--|--|---|---|
| WELLS FARGO DEALER SERVICES Creditor's Name PO BOX 1697 Number Street Winterville NC 28590 City, State, ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred: UNKNOWN | Describe the property that secures the claim: 2004 Hyundai Santa Fe As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number: -5611 | \$5,040.06 | \$5,000.00 | \$40.06 |
| Add the dollar value of your entries in Column A. | Write that number here: | \$261,180.06 | | |
| Use this page only if you have others collection agency is trying to collect fr agency here. Similarly, if you have me | fied for a Debt That You Already Listed to be notified about your bankruptcy for a om you for a debt you owe to someone elepte than one creditor for any of the debts to be notified for any debts in Part 1, do not the debts of the notified for any debts of the debts of the notified for any debts of the debts of the notified for any deb | debt that you alrese, list the creditor | in Part 1, and the art 1, list the additi | n list the collection |
| 1 Blitt and Gaines Creditor's Name 661 Glenn Avenue Number Street | | e in Part 1 did you en | ter the creditor? 2.1 | |
| Wheeling IL 60090 City, State, ZIP Code | | | | |

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| Fill in this information to identify your case: | |
|---|------------------------------------|
| Debtor 1 Samir Husetovic Debtor 2 (Spouse, if filling) United States Bankruptcy Court for the Northern District of Illinois Case number (If known) | Check if this is an amended filing |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Part 1: List All of Your PRIOR | ITY Unsecured Claims | | | |
|--|---|---|---|---------------------------------------|
| 1. Do any creditors have priority unser No. Go to Part 2. Yes. | cured claims against you? | | | |
| identify what type of claim it is. If a claim has possible, list the claims in alphabetical order | If a creditor has more than one priority unsecured class both priority and nonpriority amounts, list that claim he according to the creditor's name. If you have more that claim, list the other creditors in Part 3. (For an e | ere and show both pric an two priority unsecur | ority and nonpriority am ed claims, fill out the C | ounts. As much as ontinuation Page of |
| | | Total claim | Priority amount | Nonpriority amount |
| 2.1 Illinois Department of Revenue Priority Creditor's Name PO Box 19043 Number Street Springfield IL 62794 City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes | Last 4 digits of account number: 8645 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | \$1,288.24 | \$1,288.24 | \$0.00 |
| 2.2 Internal Revenue Service Priority Creditor's Name PO Box 7317 Number Street Philadelphia PA 19101 City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number: 6115 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | \$2,210.00 | \$2,210.00 | \$0.00 |

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| Part 2: List All of Your NONPI | RIORITY Unsecured Claims | |
|--|---|-------------|
| 3. Do any creditors have nonpriority up No. You have nothing to report in Yes. | nsecured claims against you? this part. Submit this form to the court with your other schedules. | |
| priority unsecured claim, list the creditor | d claims in the alphabetical order of the creditor who holds each claim. If a creditor hor separately for each claim. For each claim listed, identify what type of claim it is. Do not list one creditor holds a particular claim, list the other creditors in Part 3.If you have more that on Page of Part 2. | ist claims |
| | | Total claim |
| 4.1 CAPITAL ONE | Last 4 digits of account number: -1651 | \$224.06 |
| Nonpriority Creditor's Name PO BOX 30285 | When was the debt incurred: UNKNOWN | |
| Number Street | As of the date you file, the claim is: Check all that apply Contingent Unliquidated | |
| Salt Lake City UT 84130 City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | □ Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card | |
| 4.2 | Last 4 digits of account number: -6931 | \$782.13 |
| CAPITAL ONE Nonpriority Creditor's Name | When was the debt incurred: UNKNOWN | |
| PO BOX 30285 Number Street | As of the date you file, the claim is: Check all that apply Contingent | |
| Salt Lake City UT 84130 | ☐ Unliquidated ☐ Disputed | |
| City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |
| 4.3 CAPITAL ONE | Last 4 digits of account number: -1148 | \$2,531.24 |
| Nonpriority Creditor's Name PO BOX 30285 | When was the debt incurred: UNKNOWN | |
| Number Street | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed | |
| Salt Lake City UT 84130 City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | □ Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |
| XI NO Yes | | |

| | | Total claim |
|--|---|-------------|
| 4.4 | Last 4 digits of account number: -132. | \$800.00 |
| City of Chicago Nonpriority Creditor's Name | When was the debt incurred: UNKNOWN | |
| Department of Finance Number Street | As of the date you file, the claim is: Check all that apply | |
| PO Box 88292 | ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| Chicago IL 60680 City, State, ZIP Code | - ' | |
| Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Parking Tickets | |
| s the claim subject to offset? No | | |
| Yes | | |
| 4.5 | Last 4 digits of account number: -6532 | \$500.00 |
| Frog Funding Nonpriority Creditor's Name | When was the debt incurred: UNKNOWN | |
| 13499 Biscayne Blvd. Number Street | As of the date you file, the claim is: Check all that apply | |
| Suite 107 | ☐ Contingent ☐ Unliquidated | |
| Miami FL 33181 City, State, ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| At least one of the debtors and another Check if this claim is for a community debt | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Personal Loan | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| 4.6 | Last 4 digits of account number: 8653 | \$8,335.47 |
| Knight Capital Funding Nonpriority Creditor's Name | When was the debt incurred: UNKNOWN | |
| 9 East Loockerman Street Number Street | As of the date you file, the claim is: Check all that apply | |
| Suite 3A 543 | ☐ Contingent ☐ Unliquidated | |
| Dover DE 19901 City, State, ZIP Code | ☐ Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| At least one of the debtors and another Check if this claim is for a community debt | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Business Loan | |
| Is the claim subject to offset? | Cutor. Speedly Business Edun | |
| ☑ No □ Yes | | |
| 4.7 | Last 4 digits of account number: -6516 | \$2,428.44 |
| LVNV Funding Nonpriority Creditor's Name | When was the debt incurred: UNKNOWN | |
| PO Box 10584 Number Street | As of the date you file, the claim is: Check all that apply | |
| | ☐ Contingent ☐ Unliquidated | |
| Greenville SC 29603 City, State, ZIP Code | Disputed | |
| Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| At least one of the debtors and another Check if this claim is for a community debt | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Credit Card | |
| ls the claim subject to offset? No No | | |
| Yes | | |
| | | |
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| | | |

| | | Total claim |
|--|---|-------------|
| 4.8 | Last 4 digits of account number: -5132 | \$750.00 |
| Merchant Funding Nonpriority Creditor's Name | When was the debt incurred: UNKNOWN | |
| 11 East Adams Street Number Street | As of the date you file, the claim is: Check all that apply | |
| Suite 501 | ☐ Contingent☐ Unliquidated☐ Disputed | |
| Chicago IL 60603 City, State, ZIP Code | | |
| Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | you did not report as priority claims | |
| Check if this claim is for a community debt | □ Debts to pension or profit-sharing plans, and other similar debts□ Other. Specify Personal Loan | |
| Is the claim subject to offset? ☑ No | | |
| Yes | | |
| 4.9 MERRICK BANK CORPORATION | Last 4 digits of account number: -2131 | \$1,341.00 |
| Nonpriority Creditor's Name PO BOX 9201 | When was the debt incurred: UNKNOWN | |
| Number Street | As of the date you file, the claim is: Check all that apply Contingent | |
| Old Bethpage NY 11804 | ☐ Unliquidated☐ Disputed | |
| City, State, ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Student loans Obligations arising out of a separation agreement or divorce that | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt Is the claim subject to offset? | Other. Specify Credit Card | |
| No No Yes | | |
| - 4.10 | Last 4 digits of account number: -5132 | \$11,905.93 |
| Northstar Credit Union Nonpriority Creditor's Name | When was the debt incurred: UNKNOWN | ψ,σσσ.σσ |
| 3S555 Winfield Road Number Street | As of the date you file, the claim is: Check all that apply | |
| | ☐ Contingent ☐ Unliquidated | |
| Warrenville IL 60555 City, State, ZIP Code | Disputed | |
| Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| At least one of the debtors and another Check if this claim is for a community debt | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Deficiency | |
| Is the claim subject to offset? | Carrotte Special State of the Special | |
| X No □ Yes | | |
| 4.11 Strategic Funding | Last 4 digits of account number: 3030 | \$1,250.00 |
| Nonpriority Creditor's Name 120 West 45th Street | When was the debt incurred: UNKNOWN | |
| Number Street | As of the date you file, the claim is: Check all that apply Contingent | |
| New York NY 10036 | ☐ Unliquidated ☐ Disputed | |
| City, State, ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only Debtor 2 only | Student loans Obligations arising out of a separation agreement or divorce that | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | Other. Specify Personal Loan | |
| Is the claim subject to offset? No | | |
| Yes | | |
| | | |
| | | |
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| | | | | Total claim |
|---|---|--|--|---|
| 4.12 | Las | t 4 digits of account number: -1651 | | \$2,311.80 |
| T-Mobile Nonpriority Creditor's Name | Whe | en was the debt incurred: UNKNOW | /N | |
| PO Box 790047 Number Street | As o | of the date you file, the claim is: Chec Contingent Unliquidated | k all that apply | |
| Saint Louis MO 63179 City, State, ZIP Code | | Disputed | | |
| Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes | Typ □ □ ⊠ | be of NONPRIORITY unsecured class Student loans Obligations arising out of a separa you did not report as priority claim Debts to pension or profit-sharing Other. Specify Cellular Phone | ation agreement or divorce that | |
| 4.13 | Las | t 4 digits of account number: 532 | | \$800.00 |
| Unique Funding Nonpriority Creditor's Name | Whe | en was the debt incurred: UNKNOW | ' N | |
| 1 Westbrook Corporate Center Number Street | 8 | of the date you file, the claim is: Chec Contingent Unliquidated | k all that apply | |
| Westchester IL 60154 City, State, ZIP Code | | Disputed | | |
| Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset? ☑ No ☐ Yes | Typ | e of NONPRIORITY unsecured class Student loans Obligations arising out of a separa you did not report as priority claim Debts to pension or profit-sharing Other. Specify Personal Loan | ation agreement or divorce that | |
| Part 3: List Others to Be Not | ified for a Debt That Y | ou Already Listed | | |
| Use this page only if you have othe example, if a collection agency is to then list the collection agency here the additional creditors here. If you this page. | rying to collect from you . Similarly, if you have n | ı for a debt you owe to someo nore than one creditor for any | one else, list the original credit or of the debts that you listed in | or in Parts 1 or 2, Parts 1 or 2, list |
| 1 | | On which entry in Part 1 or | Part 2 did you list the original credite | or? |
| American Infosource Creditor's Name PO Box 248848 | | Line 4.1 of (Check one): | ☐ Part 1: Creditors with Priority U ☐ Part 2: Creditors with Nonpriori | |
| Number Street | | Last 4 digits of account nu | mber: | |
| Oklahoma City OK 73124 City, State, ZIP Code | | _ | | |
| 2 | | On which entry in Part 1 or | Part 2 did you list the original credite | or? |
| American Infosource Creditor's Name PO Box 248848 | | Line 4.12 of (Check one): | ☐ Part 1: Creditors with Priority U ☐ Part 2: Creditors with Nonpriori | nsecured Claims ty Unsecured Claims |
| Number Street | | Last 4 digits of account nu | mber: | |

Oklahoma City OK 73124 City, State, ZIP Code

| 3 BLATT, HASENMILLER, LEIBSKER & MOORE LLC | On which entry in Part 1 or Part 2 did you list the original creditor? | |
|---|---|--|
| Creditor's Name 10 S LASALLE ST Number Street | Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Clair ☐ Last 4 digits of account number: | |
| Chicago IL 60603 City, State, ZIP Code | | |
| 4 Knight Capital Funding | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Creditor's Name 1691 Michigan Avenue Jumber Street | Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Clair Last 4 digits of account number: | |
| Suite 230 Miami Beach FL 33139 City, State, ZIP Code | | |
| 5 Market Versey | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Markoff Krasny Creditor's Name 29 N. Wacker | Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claim | |
| Number Street Suite 550 | Last 4 digits of account number: | |
| Chicago IL 60606 City, State, ZIP Code | | |
| | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| PORTFOLIO RECOVERY ASSOCIATES Creditor's Name PO BOX 1099 | Line <u>4.2</u> of <i>(Check one)</i> : ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claim | |
| Number Street | Last 4 digits of account number: | |
| Wixom MI 48393 City, State, ZIP Code | | |
| 7 PORTFOLIO RECOVERY ASSOCIATES | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims | |
| Creditor's Name PO BOX 1099 Number Street | Part 2: Creditors with Nonpriority Unsecured Clair Last 4 digits of account number: | |
| Wixom MI 48393 City, State, ZIP Code | | |
| 8 Resurgent Capital Services Creditor's Name | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim | |
| 55 Beattie Place Number Street | Last 4 digits of account number: | |
| Suite 110 MS576 | | |

| 9 | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
|--|--|--|--|--|
| Resurgent Capital Services Creditor's Name 55 Beattie Place | Line <u>4.7</u> of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Number Street Suite 110 MS576 | Last 4 digits of account nu | mber: | | |
| Greenville SC 29601 City, State, ZIP Code | | | | |
| 10 | On which entry in Part 1 or | r Part 2 did you list the original creditor? | | |
| United States Attorney Creditor's Name 219 South Dearborn Street | Line <u>2.2</u> of (Check one): | ■ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Number Street | Last 4 digits of account nu | Last 4 digits of account number: | | |
| Chicago IL 60604 | | | | |
| City, State, ZIP Code | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|-------------------|---|-----|-------------|
| Total claims from | | | |
| Part 1 | 6a. Domestic support obligations | 6a. | \$0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$3,498.24 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here | 6d. | \$0.00 |
| | 6e. Total Add lines 6a through 6d. | 6e. | \$3,498.24 |
| Total claims from | | | |
| Part 2 | 6f. Student loans | 6f. | \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here | 6i. | \$33,960.07 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$33,960.07 |

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| Fill in this information to identify your case: | |
|--|------------------------------------|
| Debtor 1 Samir Husetovic Debtor 2 (Spouse, if filing) | Check if this is an amended filing |
| United States Bankruptcy Court for the Northern District of Illinois Case number (If known) | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

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3.2

| Fill in this information to identify your case: Debtor 1 Samir Husetovic | |
|--|---|
| Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois | ☐ Check if this is an amended filing |
| Case number (If known) | |
| Official Form 106H Schedule H: Your Codebtors | 12/15 |
| Codebtors are people or entities who are also liable for any debts you may have. people are filing together, both are equally responsible for supplying correct informulation fill it out, and number the entries in the boxes on the left. Attach the Additional Pawrite your name and case number (if known). Answer every question. | mation. If more space is needed, copy the Additional Page, |
| Do you have any codebtors? (If you are filing a joint case, do not list eit No ✓ Yes | her spouse as a codebtor.) |
| Within the last 8 years, have you lived in a community property state territories include Arizona, California, Idaho, Louisiana, Nevada, New Mex No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with yo No Yes. In which community state or territory did you live? . Fill in the | kico, Puerto Rico, Texas, Washington, and Wisconsin.) u at the time? |
| In Column 1, list all of your codebtors. Do not include your spouse a the person shown in line 2 again as a codebtor only if that person is the creditor on Schedule D (Official Form 106D), Schedule E/F (Offic 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column | a guarantor or cosigner. Make sure you have listed al Form 106E/F), or <i>Schedule G</i> (Official Form |
| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
| | Check all schedules that apply |
| MedOne Delivery Service Name 7521 West Brown Avenue #F Number Street | Schedule D, line Schedule E/F, line 4.6 Schedule G, line |

Schedule D, line <u>2.3</u> Schedule E/F, line Schedule G, line

Forest Park IL 60130 City, State, ZIP Code

Jessica Decker
Name
601 65th Street
Number Street
Apt 6

Westmont IL 60559 City, State, ZIP Code

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| Fill in this information to identify your case: | | |
|--|-----|--|
| Debtor 1 Samir Husetovic Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number (If known) | Che | eck if this is: An amended filing A supplement showing post-petition chapter 13 income as of |

Official Form 106l

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information **Employment status** □ Not employed □ Not employed If you have more than one job, Occupation Manager attach a separate page with information about additional Employer's name MedOne Delivery Service Burberry employers. **Employer's address** 7521 West Brown Avenue #F 222 Oakbrook Center Forest Park, IL 60130 Oak Brook, IL 60523 Include part-time, seasonal, or How long employed there? 10 years 1 year self-employed work. Occupation may include student or homemaker, if it applies. Occupation Employer's name **Employer's address** How long employed there?

| Part 2: | Give Details About Monthly Income |
|---------|-----------------------------------|

| | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|---|-----|--------------|--|
| 2. | List monthly gross wages, salary, and commissions before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$1,050.00 | \$4,300.00 |
| 3. | Estimate and list monthly overtime pay. | 3. | \$0.00 | \$0.00 |
| 4. | Calculate gross income. Add line 2 + line 3. | 4. | \$1,050.00 | \$4,300.00 |
| 5. | List All payroll deductions: | | | |
| | 5a. Tax, Medicare, and Social Security deductions | āa. | \$0.00 | \$573.00 |
| | 5b. Mandatory contributions for retirement plans | ōb. | \$0.00 | \$0.00 |
| | 5c. Voluntary contributions for retirement plans | ōс. | \$0.00 | \$0.00 |

| | | Document Page 31 of 31 | | | | | |
|----|-------|---|-----|----------|--------------|--------------------|---------|
| | | | | For Debt | or 1 | For De or non spor | -filing |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | | \$0.0 |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$4 | 417.0 |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | | \$0.0 |
| | 5g. | Union dues | 5g. | \$ | 0.00 | | \$0.0 |
| | 5h. | Other deductions. Specify: | 5h. | \$ | 0.00 | | \$0.0 |
| | Add | the payroll deductions. Add lines 5a through 5h | 6. | \$ | 0.00 | \$9 | 990.0 |
| | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$1,05 | 0.00 | \$3,3 | 310.0 |
| | List | all other income regularly received: | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | 8a. | \$97 | 0.00 | | \$0.0 |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | | \$0.0 |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$ | 0.00 | | \$0.0 |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | | \$0.0 |
| | 8e. | Social Security | 8e. | \$ | 0.00 | | \$0.0 |
| | 8f. | Other government assistance that you regularly receive | 8f. | \$ | 0.00 | | \$0.0 |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | | | | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | | \$0.0 |
| | 8h. | Other monthly income. Specify: | 8h. | \$ | 0.00 | | \$0.0 |
| | Add | all other income. Add lines 8a-8h. | 9. | \$97 | 0.00 | | \$0.0 |
| 0. | | culate monthly income. Add line 7 + line 9. the entries in line 9 for Debtor 1 and Debtor 2 or non-filing spouse. | | 10. | \$ 5, | 330.00 | |
| 1. | | te all other regular contributions to the expenses that you list in <i>Schedule J</i> iicial Form 106J). | | 11. | | \$0.00 | |
| | | ude contributions from an unmarried partner, members of your household, your endents, your roommates, and other friends or relatives. | | | | | |
| | | not include any amounts already included in lines 2-10 or amounts that are not available to expenses listed in <i>Schedule J</i> (Official Form 106J). | | | | | |
| | Spe | cify: | | - | | | |
| 2. | write | If the amounts on lines 10 and 11. The result is the combined monthly income. Also be that amount on the Summary of Your Assets and Liabilities and Certain Statistical rmation (Official Form 106Sum) if it applies. | | 12. | \$ 5, | 330.00 | |

Case 17-13226 Doc 1 Filed 04/27/17 Entered 04/27/17 13:29:29 Desc Main
Debtor 1 Samir Husetovic Document Page 32 of 51

Case 17-13226 Doc 1 Filed 04/27/17 Entered 04/27/17 13:29:29 Desc Main
Case number:

| 13. Do | you expect an | increase or decrease within the year after you file this form? | |
|--------|-----------------------|--|--|
| | No Yes. Explain | | |
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| Fill in this information to identify your case: | |
|---|------------------------------------|
| Debtor 1 Samir Husetovic Debtor 2 | |
| (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois | Check if this is an amended filing |
| Case number (If known) | |

Form 106|Supp

BKA-106ISupp

12/15

Itemize the income and expenses from business activities and real estate

Part 1:

Business income & expense

MedOne Delivery Service (Sole proprietorship):

| Description | Amount |
|-------------|----------|
| | \$970.00 |
| Net Income | \$970.00 |

Part 2:

Non-residential real property income & expense

There is no real property income or expense to report.

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| Fill in this information to identify your case: | |
|---|--|
| Debtor 1 Samir Husetovic Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number | Check if this is: An amended filing A supplement showing post-petition chapter 13 expenses as of |
| (If known) | |

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| ΙĽ | art 1: | Describe Your House | hold | | | | |
|------------------------|--|--|--|---|---|---|-----------|
| 1. | Is thi | is a joint case? | | | | | |
| | | No. Go to line 2. Yes. Does Debtor 2 live in a s | separate household? | | | | |
| | | No. ☐ Yes. Debtor 2 must file Of | ficial Form 106J-2, <i>Expe</i> | enses for Separate Househol | ld of Debtor 2 | | |
| 2. | • | u have dependents? t list Debtor 1 or Debtor 2. Γ | ☑ No ☑ Yes. Fill out this | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependen with you? | t live |
| | | t state the dependents' | information for each dependent | TOT DESIGN 2 | | | |
| 3. | | our expenses include expense ndents? | es of people other than | yourself and your | ⊠ No □ Yes | | |
| P | art 2: | Estimate Your Ongoi | ng Monthly Expense | es | | | |
| | | | | | | | |
| the | penses e applic | your expenses as your banks as of a date after the banks cable date expenses paid for with non-cape. | ruptcy is filed. If this is | s a supplemental Schedul | le J, check the box at the | top of the form an | d fill in |
| ex the | penses e applic clude e | s as of a date after the bank cable date | ruptcy is filed. If this is ash governmental ass | s a supplemental Schedul | le J, check the box at the | top of the form an | d fill in |
| ex the Inc Sc | penses e applic clude e chedule | s as of a date after the bank cable date expenses paid for with non-ca | ruptcy is filed. If this is ash governmental ass n 106I). | s a supplemental Schedul | le J, check the box at the | top of the form an | d fill in |
| ex the Inc Sc | penses e applic clude e chedule | s as of a date after the banks cable date expenses paid for with non-ca e I: Your Income(Official Form penses for property other than the | ruptcy is filed. If this is ash governmental ass n 106I). | s a supplemental Schedul | le J, check the box at the | top of the form an | d fill in |
| ex the Inc Sc | penses e applic clude e chedule ote: Exp pense a | s as of a date after the banks cable date expenses paid for with non-ca e I: Your Income(Official Form penses for property other than the | ruptcy is filed. If this is ash governmental ass m 106l). The debtor(s)' primary residence the second control of the second control | s a supplemental Schedul sistance if you know the vidence(s), if any, are reporte | le J, check the box at the | and have included ss/Real-Estate Incon | d fill in |
| ex the Inc Sc | pensese application applicatio | s as of a date after the banks cable date expenses paid for with non-capta and capta a | ruptcy is filed. If this is ash governmental ass m 106l). The debtor(s)' primary residence the second control of the second control | s a supplemental Schedul sistance if you know the vidence(s), if any, are reporte | le J, check the box at the value of such assistance and the value of such assistance and the value of such assistance and the value of such as the value of | and have included ss/Real-Estate Incon Your expenses | d fill in |
| ex the Inc Sc | pensese application applicatio | s as of a date after the banks cable date expenses paid for with non-capter in a second content of the content | ruptcy is filed. If this is ash governmental ass m 106l). The debtor(s)' primary residence the second control of the second control | s a supplemental Schedul sistance if you know the vidence(s), if any, are reporte | le J, check the box at the value of such assistance and the value of such assistance and the value of such assistance and the value of such as the value of | and have included ss/Real-Estate Incon Your expenses | d fill in |
| ex the Inc Sc | pensese application applications application | s as of a date after the banks cable date expenses paid for with non-capter of the composition of the compos | ruptcy is filed. If this is ash governmental ass m 106l). The debtor(s)' primary residence the ground or lot. | s a supplemental Schedul sistance if you know the vidence(s), if any, are reporte | le J, check the box at the value of such assistance and in the Summary of Busine 4. | and have included ss/Real-Estate Incon Your expenses | d fill in |

Doc 1

Page 2

| | | Your expenses |
|---|------|---------------|
| 4d. Homeowner's association or condominium dues | 4d. | , , , , |
| Additional mortgage payments for your residence, such as home equity loans | 5. | |
| Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$225.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$40.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$234.00 |
| 6d. Other. Specify: N/A | 6d. | |
| Food and housekeeping supplies | 7. | \$500.00 |
| Childcare and children's education costs | 8. | |
| Clothing, laundry, and dry cleaning | 9. | \$175.00 |
| Personal care products and services | 10. | \$175.00 |
| . Medical and dental expenses | 11. | \$255.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$505.00 |
| B. Entertainment, clubs, recreation, newspapers, magazine, and books | 13. | \$80.00 |
| . Charitable contributions and religious donations | 14. | \$15.00 |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | |
| 15b. Health insurance | 15b. | |
| 15c. Vehicle insurance | 15c. | \$129.00 |
| 15d. Other insurance. Specify: | 15d. | |
| Homeowners Association | | \$271.00 |
| 5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | |
| Income Tax | | \$450.00 |
| . Installment or lease payments | | |
| 17a. Car Loan (2017 Nissan Rogue) | 17a. | \$760.00 |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I (Official Form 106I) | 18. | |
| Other payments you make to support others who do not live with you. Specify: N/A | 19. | |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I (Official Form 106I) | | |
| 20a. Mortgages on other property | 20a. | |
| 20b. Real estate taxes | 20b. | |
| 20c. Property, homeowner's, or renter's insurance | 20c. | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | |

| | 3.1.1.1 | | |
|-----|---|-----------|---------------------|
| | | | Your expenses |
| | 20e. Homeowner's association or condominium dues | 20e. | |
| | 20f. Other. Specify: | 20f. | |
| 21. | Other. Specify: N/A | 21. | |
| 22. | Calculate your monthly expenses. | | |
| | 22a. Add lines 4 through 21. | 22a. | \$5,716.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$5,716.00 |
| 23. | Calculate your monthly net income 23a. Copy line 12 (your combined monthly income) from Schedule I | 23a. | \$5,330.00 |
| | 23b. Copy your monthly expenses from line 22 above. | 23b. | \$5,716.00 |
| | 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income | 23c. | (\$386.00) |
| 24. | Do you expect an increase or decrease in your expenses within the year after you file this form? | • | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your mortga because of a modification to the terms of your mortgage? | ge paymen | t to increase or de |
| | No Yes. Explain | | |

Case 17-13226 Doc 1 Filed 04/27/17 Entered 04/27/17 13:29:29 Desc Main Document Page 37 of 51

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| Fill in this information to identify your case: | | |
|--|-----------|------------------------------------|
| Debtor 1 Samir Husetovic Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number (If known) | | Check if this is an amended filing |
| Official Form 106Dec Declaration About an Individual Debtor's | Schedules | 12/15 |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Did you pay or agree to pay someone who is NOT an attorn | ney to help you fill out bankruptcy forms? | | | | |
|---|--|--|--|--|--|
| No Yes. Name of person <u>N/A</u>. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | |
| | | | | | |
| /s/ Samir Husetovic | 04/27/2017 | | | | |
| /s/ Samir Husetovic Signature of Debtor 1 | 04/27/2017 Date 04/27/2017 | | | | |

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| | Fill in this information to iden | tify y | our case: | | | | | |
|--------|---|------------------------|--|---|---------------------|-------------|--|---|
| | Debtor 1 Samir Husetovic | | | | | | | |
| | Debtor 2 | | | | | | П | Check if this is an amended |
| | (Spouse, if filing) United States Bankruptcy Court for | the N | orthern District of Illi | nois | | | | filing |
| | Case number | uie <u>i</u> | orthern District or him | 1015 | | | | |
| | (If known) | | | _ | | | | |
| \sim | fficial Forms 407 | | | | | | | |
| | <u>fficial Form 107</u> atement of Financial A | ffai | rs for Individu | als Filing for | Bank | ru | ntcv | 12/15 |
| _ | | | - I I I I I I I I I I I I I I I I I I I | | <u> </u> | u | | 12,10 |
| info | as complete and accurate as pos ormation. If more space is needed mber (if known). Answer every qu | l, atta | ch a separate sheet to | | | | | |
| P | art 1: Give Details Abou | t You | r Marital Status an | d Where You Live | d Befo | re | | |
| 1. | What is your current marital ☑ Married ☐ Not married | statı | us? | | | | | |
| 2. | During the last 3 years, have No Yes. List all of the places yo | _ | - | _ | | | 1? | |
| 3. | Within the last 8 years, did y (Community property states and Texas, Washington, and Wiscon No No Yes. Make sure you fill out | <i>nd tei</i> onsin | ritories include Arizo .) | ona, California, Idah | no, Loui | sia | | |
| P | art 2: Explain the Source | es of | Your Income | | | | | |
| 4. | Did you have any income from | om ei | nployment or from | operating a busin | ness du | ırin | g this year or the | two previous calendar |
| | years? Fill in the total amount of incor joint case and you have incom ☐ No | ne yo ie tha | u received from all j t you receive togeth | obs and all busines er, list it only once u | ses, inc under D | clud Oeb | ding part-time activit tor 1. | ies. If you are filing a |
| | Yes. Fill in the details. | | | | | | | |
| | | De | btor 1 | | I | Del | otor 2 | |
| | | | urces of income eck all that apply | Gross income (before deductions a exclusions) | | | urces of income eck all that apply | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | □ | Wages, commissions, bonuses, tips Operating a business | \$5,80 | г | <u> </u> | Wages, commissions, bonuses, tips Operating a business | |
| | For last calendar year: (January 1 to December 31, 2015) | | Wages, commissions, bonuses, tips Operating a business | \$13,47 | | | Wages, commissions, bonuses, tips Operating a business | |
| | For the calendar year before that: (January 1 to December 31, 2014) | | Wages, commissions, bonuses, tips Operating a business | \$10,57 | _ | | Wages, commissions, bonuses, tips Operating a business | |

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| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. | | | | | | | |
|----|--|-----------------|------------------|---------------------------------|---|-----------------------------------|--|--|
| Pa | art 3: | List (| Certain Paymer | its You Made Before You F | iled for Bankruptcy | | | |
| 6. | Are eit | her Debt | or 1's or Debto | r 2's debts primarily consu | mer debts? | | | |
| | □ No | | | | sumer debts. Consumer debts are amily, or household purpose." | defined in 11 U.S.C. § 101(8) as | | |
| | | During | the 90 days bef | ore you filed for bankruptcy, | did you pay any creditor a total of \$6 | 5,225.00* or more? | | |
| | | ☐ No | o. Go to line 7. | | | | | |
| | | ☐ Ye | amount you p | aid that creditor. Do not inclu | a total of \$6,225.00* or more in one de payments for domestic support o s to an attorney for this bankruptcy | bligations, such as child support | | |
| | | * Subje | ect to adjustmen | t on 04/01/2016 and every 3 | years after that for cases filed on or | after the date of adjustment. | | |
| | ✓ Ye | s. Debto | r 1 or Debtor 2 | or both have primarily con | sumer debts. | | | |
| | | During | the 90 days bef | ore you filed for bankruptcy, | did you pay any creditor a total of \$6 | 600 or more? | | |
| | No. Go to line 7. | | | | | | | |
| | | ☐ Ye | Do not include | | a total of \$600 or more and the tota port obligations, such as child suppo nkruptcy case. | | | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider | | | | | | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No □ Yes. List all payments that benefited an insider. | | | | | | | |
| Pa | art 4: | ldent | ify Legal Action | ns, Repossessions, and Fo | reclosures | | | |
| 9. | | | | | | | | |
| | Case | title | | Nature of the case | Court or agency | Status of the case | | |
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| Deb | tor 1 | Case 17-13226 Samir Husetovic | Doc 1 F | iled 04/27/17 Document | Entered 04/27/17 1 Page 40 of 51 | 3:29:29 Do | esc Main Case number: |
|-----|---------------|--|--------------------|---------------------------|--|-----------------------------------|--------------------------|
| | Hus | thstar Credit Union vs. etovic, No. 6AR000201 | Breach of C | Contract | DuPage County Circuit Co 505 N. County Farm Road Wheaton, IL 60187 | | |
| 10. | seize Chec | in 1 year before you filed ed, or levied? ck all that apply and fill in th No. Go to line 11. Yes. Fill in the information l | e details belo | | our property repossessed, | foreclosed, ga | rnished, attached, |
| 11. | any : ⊠ | | | | ditor, including a bank or f ent because you owed a c | | tion, set off |
| 12. | of cr ⊠ | in 1 year before you filed reditors, a court-appointe No Yes | | | our property in the posses other official? | sion of an assi | gnee for the benefit |
| Pa | rt 5: | List Certain Gifts ar | nd Contributi | ions | | | |
| 13. | \boxtimes | in 2 years before you file No Yes. Fill in the details for ea | | ptcy, did you give | any gifts with a total valu | e of more than | \$600 per person? |
| 14. | \$600 ⊠ | in 2 years before you file to any charity? No Yes. Fill in the details of ea | | | any gifts or contributions | s with a total va | lue of more than |
| Pa | rt 6: | List Certain Losses | | | | | |
| 15. | fire, ⊠ | in 1 year before you filed other disaster, or gambli No Yes. Fill in the details | for bankrup ng? | tcy or since you f | iled for bankruptcy, did yo | ou lose anythin | g because of theft, |
| Pa | rt 7: | List Certain Paymer | nts or Transf | ers | | | |
| 16. | prop Inclu | erty to anyone you consi | ulted about s | seeking bankrupto | yone else acting on your less or preparing a bankrupt ounseling agencies for servi | cy petition? | • |
| | Pers | son who was paid | | Description and va | alue of any property | Date payment or transfer was made | Amount of payment |
| | | | | | | | |

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| | Jeffrey Whitehead 19 South LaSalle Street Suite 1202 Chicago, IL 60602 Email or website address: jeffwhitehead_2000@yahoo.com Person Who Made the Payment if Not You: | Expense & fee retainer (including any retainer for the filing fee) | 04/26/2017 | \$1,835.00 |
|---------------------|---|--|-------------------------------|-------------------|
| | Access Counseling 633 West 5th Street Suite 26001 Los Angeles, CA 90081 Email or website address: Person Who Made the Payment if Not You: | Fee for § 109(h)(1) briefing by approved nonprofit budget and credit counseling agency | 03/24/2016 | \$25.00 |
| ļ | | ptcy, did you or anyone else acting on you p you deal with your creditors or to make p you listed on line 16. | | |
| | than property transferred in the ordinary Include both outright transfers and transfers property). Do not include gifts and transfers No Yes. Fill in the details | uptcy, did you sell, trade, or otherwise tran recourse of your business or financial affairs a made as security (such as the granting of a set that you have already listed on this statement truptcy, did you transfer any property to a second called asset-protection devices.) | s? ecurity interest or mor | rtgage on your |
| | Within 1 year before you filed for bankru benefit, closed, sold, moved, or transfer Include checking, savings, money market, o | s, Instruments, Safe Deposit Boxes, and Stoptcy, were any financial accounts or instructed? or other financial accounts; certificates of depositives, associations, and other financial institution | ments held in your n | _ |
| | Do you now have, or did you have withir for securities, cash, or other valuables? ☑ No ☑ Yes. Fill in the details. | n 1 year before you filed for bankruptcy, any | / safe deposit box or | r other depositor |
| | Have you stored property in a storage un ☑ No ☑ Yes. Fill in the details. | nit or place other than your home within 1 y | ear before you filed | for bankruptcy? |
| Par | t 9: Identify Property You Hold or 0 | Control for Someone Else | | |

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Desc Main

| Part 10: | Give Details About Environmental Information |
|----------|--|

For the purpose of Part 10, the following definitions apply:

Case 17-13226

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| 24. | . Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | |
|-----|---|--|
| | No Yes. Fill in the details | |
| 25. | . Have you notified any governmental unit of any release of hazardous material? ☑ No ☐ Yes. Fill in the details | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☒ No ☐ Yes. Fill in the details | |

Part 11: Give Details About Your Business or Connections to Any Business

| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any |
|-----|--|
| | business? |

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership

An officer, director, or managing executive of a corporation

An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

| Business name and address | Describe the nature of the business and identify the accountant or bookkeeper | Employer identification number (Do not include SSN or ITIN) Dates business existed |
|---|---|---|
| MedOne Delivery Service 7521 West Brown Avenue #F Forest Park, IL 60130 | Prescription Delivery N/A | (Same as SSN/ITIN) 2008 to Present |
| Touch of Europe Limo Service 7521 West Brown Avenue #F Forest Park, IL 60130 | Livery Service N/A | (Same as SSN/ITIN) 10/2015 to Present |

П

Yes. Name of person N/A -- the BkAssist software used to prepare this petition is licensed for use only by

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Desc Main

Case number:

Case 17-13226

Samir Husetovic

attorneys.

Debtor 1

Doc 1

Filed 04/27/17

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| Fill in this information to identify your case: | |
|--|-----------------------------|
| Debtor 1 Samir Husetovic | |
| Debtor 2 | |
| (Spouse, if filing) | Check if this is an amended |
| United States Bankruptcy Court for the Northern District of Illinois | filing |
| Case number (If known) | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- · creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| Fifth Third Bank Townhouse at 7521 West Brown, Unit F, Forest Park, IL | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☑ Retain the property and [explain]: Continue to pay the obligation as permitted by applicable non-bankruptcy law | □ No ☑ Yes |
| Santander Consumer 2017 Nissan Rogue | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. ✓ Retain the property and [explain]: Continue to pay the obligation as permitted by applicable non-bankruptcy law | ⊠ No □ Yes |
| WELLS FARGO DEALER SERVICES 2004 Hyundai Santa Fe | Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i> . Retain the property and [explain]: | ⊠ No □ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

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| Describe your unexpired personal property lease | Will the lease be assumed? |
|---|---------------------------------|
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my esta personal property that is subject to an unexpired lease. | ate that secures a debt and any |
| | <u>04/27/2017</u> Date |
| | <u>04/27/2017</u> Date |

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| Fill in this information to identify your case: | |
|--|---|
| Debtor 1 Samir Husetovic | Check if this is: |
| Debtor 2 | |
| (Spouse, if filing) | An amended filing |
| United States Bankruptcy Court for the Northern District of Illinois | A supplement disclosing additional payments or agreements as of |
| Case number (If known) | |

Form BKA-2030

Disclosure of Compensation of Attorney for Debtor

12/15

Use this procedural form, if desired, to disclose the matters enumerated in 11 U.S.C. § 329 and Fed. R. Bankr. P. 2016(b).

Disclosure is required within 14 days after the order for relief or another time as the court may direct. A supplemental disclosure is required within 14 days after any payment or agreement not previously disclosed.

Attach a copy of the retainer agreement, if any.

Part 1: Compensation

| | For | r legal services, I have agreed to accept | \$1,500.00 |
|----|------|---|------------|
| | Prid | or to the filing of this statement I have received Retainer for legal services | \$1,500.00 |
| | | Retainer for expenses, including the court filing fee | \$335.00 |
| | Bal | ance Due | \$0.00 |
| 2. | The | e source of the compensation paid to me was: | |
| | | Debtor | |
| 3. | The | e source of compensation to be paid to me is: | |
| | | Debtor ☐ Other (specify) ☑ N/A | |
| 4. | × | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | |
| | | □ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. | |

Part 2:

Services

- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy.
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan that may be required.
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.
 - Representation of the debtor in adversary proceedings and other contested bankruptcy matters.

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Filed 04/27/17

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United States Bankruptcy Court Northern District of Illinois Chicago Division

| In re: Husetovic, Samir | Case No. |
|----------------------------|----------|
| III TE: HUSEIOVIC. SAIIIII | Case NO |

VERIFICATION OF CREDITOR MATRIX

I(we) verify that the attached list of creditors and the matrix file to be uploaded in this case are true and complete to the best of my(our) knowledge.

| /s/ Samir Husetovic | 04/27/2017 |
|---------------------|------------|
| Debtor | Date |

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Blitt and Gaines 661 Glenn Avenue Wheeling, IL 60090

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Fifth Third Bank 38 Fountains Square Plaza Cincinnati, OH 45263

Frog Funding 13499 Biscayne Blvd. Suite 107 Miami, FL 33181

Illinois Department of Revenue PO Box 19043 Springfield, IL 62794

Internal Revenue Service PO Box 7317 Philadelphia, PA 19101 Jessica Decker 601 65th Street Apt 6 Westmont, IL 60559

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Knight Capital Funding 9 East Loockerman Street Suite 3A 543 Dover, DE 19901

Lowe's P.O. box 530914 Atlanta, GA 30353

LVNV Funding PO Box 10584 Greenville, SC 29603

Markoff Krasny 29 N. Wacker Suite 550 Chicago, IL 60606

MedOne Delivery Service 7521 West Brown Avenue #F Forest Park, IL 60130

Merchant Funding 11 East Adams Street Suite 501 Chicago, IL 60603

MERRICK BANK CORPORATION PO BOX 9201 Old Bethpage, NY 11804

Northstar Credit Union 3S555 Winfield Road Warrenville, IL 60555

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PORTFOLIO RECOVERY ASSOCIATES PO BOX 1099 Wixom, MI 48393

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Strategic Funding 120 West 45th Street New York, NY 10036

T-Mobile PO Box 790047 Saint Louis, MO 63179

Unique Funding 1 Westbrook Corporate Center Westchester, IL 60154

United States Attorney 219 South Dearborn Street Chicago, IL 60604

WELLS FARGO DEALER SERVICES PO BOX 1697 Winterville, NC 28590